

## **City of North Pole**

# **Application for Employment**An Equal Opportunity Employer

Personal       Please Print Clearly         Full Name:       Last       Firs		rst Middle		Social Security Number:			
Present Mailing Address		City		ite	Zip Code		
Contact Telephone Number & Area Code	Alternate Co	ernate Contact Telephone Number & Area Code			If Under 18 years, MO/ Day/Year Date of Birth / /		
List Permanent Address if different than	above:			·			
Previous Address for last three (3) years	y:						
YES NO	1	Please indicate U. Student Execution	S. Visa Status:	Visitor V	Work Perm	it Other	
	e you ever appliche City of North		No If	Yes, when?	If Ye	es, what job?	
Have you ever been employed by the City of North Pole? Yes No		hat were the dates	s of employment?				
U.S. Military							
•							
Branch of Service:	From: (Mo/Y	7r) Date	of Discharge:	Rank at D	ischarge:	Type of Discharge:	
-	From: (Mo/Y		of Discharge:		ischarge:	Type of Discharge:	
Branch of Service:	From: (Mo/Y				ischarge:	Type of Discharge:	
Branch of Service:	From: (Mo/Y				ischarge:	Type of Discharge:	
Branch of Service:	From: (Mo/Y				ischarge:	Type of Discharge:	
Branch of Service:	From: (Mo/Y				rischarge:	Type of Discharge	
Branch of Service:  What type of work did you perform:			ized training did yo				
Branch of Service:  What type of work did you perform:  Employment  Type of Employment desired:  □ Full Time □ Part Time □ Ten	Date	What special  Available for Wo	ork: Can you wor	u receive?	Y€		
Branch of Service:  What type of work did you perform:  Employment  Type of Employment desired:	Date	What special	ork: Can you wor	u receive?	Y€	es No	

### Education

Name and Location of High School: (If not a High School:	chool grad	luate ind	icate total years	s of school	completed:		aduation Dat o/Yr)	e:
Name and Location of College, Trade Or Business School:	Dates Attended (Mo/Yr) From To		Fields of Study	Graduated/Degree		Type	Number of Credits	
				Yes or No	Date (Mo/Yr)		Semester	Quarter
Activities/Honors								
List School, Civic or Business Activities and Offices	held and	any awa	rds or honors:					
Hobbies, Leisure Time Interests:								

### Employment History (Show all previous employment)

Employment record starting with present or latest employer, including summer employment (if space provided is not sufficient, attach a separate page) For any unemployed or self employed periods, show dates and locations on last page.

	Dates From	m & To	Employer's Name & Address	– City and State	Description of Duties, Equipment used and Responsibilities
	Month	Year	Present or Last Employer:		
			Address:	Telephone:	-
To					
			_		
			Starting Position:	Salary:	
			Final Position:	Salary:	
From			Reason for Leaving:		
	Month	Year	Employer:		
			Address:	Telephone:	
To					
			Starting Position:	Salary:	
			Final Position:	Salary:	
From			Reason for Leaving:		-
I					
	Month	Year	Employer:		
			Address:	Telephone:	
To					
			-		
			Starting Position:	Salary:	
			Final Position:	Salary:	
From			Reason for Leaving:		
	Month	Year	Employer:		
			Address:	Telephone:	
To					
			+		
			Starting Position:	Salary:	
			Final Position:	Salary:	
From			Reason for Leaving:	I	

#### Employment rustory (Continued)

	Dates From	m & To	Employer's Name & Address -	- City and State	Description of Duties, Equipment used and Responsibilities
	Month	Year	Employer:		<b>F</b>
			Address:	Telephone:	
То					
			Starting Position:	Salary:	
			Final Position:	Salary:	
From			Reason for Leaving:		
	Month	Year	Employer:		
			Address:	Telephone:	
То					
			G. C. D. C.	0.1	
			Starting Position:	Salary:	
			Final Position:	Salary:	
From			Reason for Leaving:	,	
	Month	Year	Employer:		
			Address:	Telephone:	
То					
			Starting Position:	Salary:	
n			Final Position:	Salary:	
From			Reason for Leaving:		
	Month	Year	Employer:		
		Year	Employer: Address:	Telephone:	
То		Year		Telephone:	
		Year	Address:		
		Year	Address:  Starting Position:	Salary:	
	Month	Year	Address:		

#### References

Give the names of 4 pe	rsons to whom you are not related, and who was not an employe	er. These people should	have known voi	ı for
several years.	isono co mana you are not remou, and mad mad an emproy.	on mose people should	y	- 101
Name	Address (Street/PO Box, City, State, Zip Code)	Phone #	Occupation	Years
				Known
Relatives in City E	mployment			
Give names of any rela	tive, including those by marriage, in the employ of the City of N	North Pole:		
Name:	Occupation:	Relationsl	nip:	
Additional Informa	ation			
Have you ever been con	nvicted for violating any law? (Exclude traffic convictions that	were \$25.00 or less)	Yes	No
If yes: Where:	When:	Conviction:		
Have you ever been im	prisoned as a result of a criminal conviction? Yes	No		
If the answer is yes to a	any of the above questions, please give details:			
May we call your prese		ked no, we will not conta nal job offer has been ex		employer
Do you have any comm with the City of North I	nitments to another employer that might affect your employmen Pole?	Yes	No	
If hired, will you be ab- for which you are apply	le to work during the normal days and hours required for the pos- ying?	sition Yes	No No	
Are you willing and ph overnight trips?	ysically able to travel out of town locations, including	Yes	No	
Do you have a valid dr	ivers license?	Yes	No No	
	ergo a physical examination by a physician to prove that you erform the tasks of the job for which you have applied?	Yes	No	
	enses and professional certifications listed in the job announcement of the description, or that are necessary to perform the job for which		No	
	ason that might make it difficult for the City of North Pole to nsuring your honesty? If yes, explain:	Yes	No	

authorize the City of North Pole to investigate all statements contained in this application for employment. I understand that any misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or lismissal from the City of North Pole if I became unemployed. I understand that if I am employed, evidence of U.S. resident status and appropriate evidence of date of birth may be required. In the event I am selected for employment by the City of North Pole, I understand as a condition of employment, I am subject to a physical examination that will determine my physical ability to perform the work required.						
I authorize the City of North Pole to access confidential and proprietary information and syste authorized to obtain information about me from third parties such as business associates, final employers, educational background, current and previous residence for the last five years and	ncial sources, present and previous					
I understand that I make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation to the extent required under the Truth in Lending Act						
Printed Name of Applicant:						
Other known names: (Maiden Name and/or Aliases)	Date:					
Signature:						